

Conflict of Interest

ELECTED OFFICIAL Statement of Financial Interest

JAN 12 2021 S.D. SEC. OF STATE

Deadline to file: Within 15 days after the person assumes office.

File with: The SECRETARY OF STATE except local candidates file with the office where they file their oath of office.

<u>Elected Officials who file:</u> State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice <u>SDCL 3-1A-2</u>);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation SDCL 3-1A-3.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 3-1A-4)

Please print:	$\alpha 1$	D	11		
Full Name / Nom	as Charles	T 150	hke		
Complete Address 503	E 12th St	Dell	Rapids,	SD	57022
Office (list District number if applicable) District 25					
What is your occupation/profession? System Quality					
**If there are no changes from your previously filed CANDIDATE Financial Interest Statement check the box and					
sign and date below. NO Changes					
List any source of funds (business or economic relationship) which contributes more than 10% of or more than \$2,000					
to your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. This also					
includes any enterprise in which you or an immediate family member(s) controls more than 10% of the capital or stock.					
Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A-1)					
*The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.					
Name of Candidate or	Name the Source of Funds (Ex: current employer, SD Legislature, 401K,		Relationship to funds (Ex: employee, officer, director, associate, partner,		
Family Member	benefits, etc.)		shareholder, owner, member, proprietor, etc.)		
Tom Pischle	All State		Employee		
Lisa Pischle	Avera		Em	ploye	e,
			File	d this_[uay of
			8	to	Test 2021
I declare and affirm under the penalties of perjury that the information above has been examined to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.					
(Signature) (Date)					
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